

AUTHORIZATION FOR MEDICATION

I hereby authorize _____ to administer the following
Name of Center
medication to my child _____ .
Name of Child

Medication _____ Prescription / Non-Prescription
(Circle One)

Dosage _____ Expiration Date _____

Date(s) in which medication is to be given _____

Time(s) in which medication is to be given _____

Parent's Signature _____

Doctor's Signature _____
(for non-prescription medication)

Date _____

Date(s)	Dosage	Time(s)	Signature of Staff Person (Full Name)